

MIAMI-DADE HOUSING AGENCY

Applicant Leasing Center 2925 NW 18th Avenue Miami, FL 33142 Phone 305-638-6464 • Fax 305-634-0426 TDD 305-638-6014

WAITING LIST CHANGE OF ADDRESS FORM

HEAD OF HOUSEHOLD INFORMATION ONLY	Client Number			
	1 1	1	1 1	1
First Name MI Last Name				
		•		
Address				
City	: Zi	р Со	de	
Telephone				
I understand that I must notify the Miami-Dade Housing Agency's Applicant Leas	ing Cente	er of	any	
changes in address in writing.				
I understand that if mail is returned from the post office with an insufficient or inco	orrect add	lress	, my	
name will be removed from the waiting list(s).				
I declare that the information presented above is true and correct.				
	/	/_		
Signature of Head of Household Date	e (mm/dd	/yyy	y)	

PLEASE FAX OR MAIL THIS FORM TO THE MIAMI-DADE HOUSING AGENCY'S APPLICANT LEASING CENTER AT THE ADDRESS OR FAX ABOVE.

Miami-Dade Housing Agency does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry, sexual orientation, or familial status in the access to, admissions into, or employment in, housing programs or activities.

CHANGE OF ADDRESS FORM REVISED: 08-08-08